

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **LGM PAC**

(b) Address (number and street)  check if different than previously reported  
13831 Northwest Freeway  
Suite 245

(c) City, State and ZIP Code  
Houston TX 77040

### 2. FEC Identification Number

**C** C30002018

(d) Name of Employer or Principal Place of Business  
UPA of South Texas

(e) Occupation  
Small Business Owner

### 3. Is This Statement

**New**  
or  
 **Amended**

### 4. Covering Period

MM / DD / YYYY  
08 / 01 / 2012  
through  
MM / DD / YYYY  
08 / 22 / 2012

### 5. (a) Date of Public Distribution(s)

MM / DD / YYYY

### (b) Communication Title

### 6. The filer is a(n):

- (a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)  
(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15  
(e)  Other, specify: PAC

### 7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes  No

### 8. Custodian of Records

(a) Name  
Michael Arthur McDonald

(b) Address (number and street)  
13831 Northwest Freeway  
Suite 245

(c) City, State and ZIP Code  
Houston TX 77040

(d) Name of Employer or Principal Place of Business  
UPA of South Texas

(e) Occupation  
Small Business Owner

### 9. Total Donations This Statement

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.00

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Michael Arthur McDonald

SIGNATURE Michael Arthur McDonald

[Electronically Filed] DATE 08/22/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

**11. Person(s) Sharing/Exercising Control**

<b>A.</b> (a) Name	<b>Transaction ID : F91.000001</b>	
Sam Johnson		
(b) Address (number and street)	13831 Northwest Freeway Suite 245	
(c) City, State and ZIP Code	Houston	TX 77040
(d) Name of Employer or Principal Place of Business	UPA of South Texas	(e) Occupation Vice President of Small Business

<b>B.</b> (a) Name		
(b) Address (number and street)		
(c) City, State and ZIP Code		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

<b>C.</b> (a) Name		
(b) Address (number and street)		
(c) City, State and ZIP Code		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

<b>D.</b> (a) Name		
(b) Address (number and street)		
(c) City, State and ZIP Code		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

<b>E.</b> (a) Name		
(b) Address (number and street)		
(c) City, State and ZIP Code		
(d) Name of Employer or Principal Place of Business	(e) Occupation	